

**PROTOCOL FOR INFLUENZA SURVEILLANCE AND
RESPONSE AT
HONOLULU INTERNATIONAL AIRPORT
RFP No. EO1873-13**

ATTACHMENT A

Section 14: Severe Acute Respiratory Syndrome (SARS) and Contagious Disease

Purpose

The purpose of this Section is to outline the general procedures that will be employed in response to SARS or other contagious disease incidents occurring on inbound domestic and international flights.

Situations and Assumptions

1. Inbound passenger(s) or/and aircrew with SARS symptoms or symptoms of other contagious diseases.
2. Pilot in command should radio ahead to Honolulu International Airport (HNL), [before arrival], so airport management can alert the Center for Disease Control - Honolulu Quarantine Station (CDC HQS).
3. The possibility of an aircraft arriving with travelers who may have SARS or other contagious diseases may occur at the airport anytime of the day or night.
4. The patient may require special skills, care, knowledge, isolation, quarantine and capabilities, which may be generally beyond the immediate scope of available airport resources.
5. Federal, State, County or Military mutual aid will be sought in the event incidents require special assistance and attention.

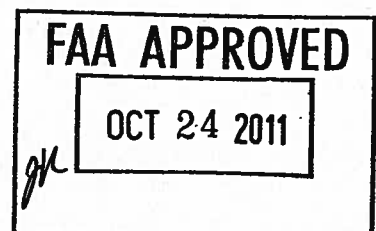
Operations

Severe Acute Respiratory Syndrome (SARS), or other contagious diseases, present a mass infection potential. SARS or any other contagious disease incident will require the support of specially trained and equipped personnel in order to effect safe containment and control. The lack of such personnel at the airport means that any SARS or other contagious disease incident will be limited to isolating or quarantining the aircraft and passengers until sufficient support can be obtained from the CDC HQS and the State Department of Health.

Organization and Assignment of Responsibilities

Airport Management

1. Assemble emergency response and recovery teams.
2. Coordinate response and recovery efforts.
3. Assist the CDC HQS to access involved aircraft and passenger isolation and contain the contamination, and quarantine anyone suspected of having SARS or any other contagious disease within the designated isolation area.
4. Provide public information.
5. Provide overall incident and on-scene management.
6. Plan, prepare and exercise emergency response program.
7. Arrange and coordinate airfield access and escort.



Airline Representatives

1. Maintain communication between the Captain and CDC to monitor the status of ill person(s).
2. Provide instructions to the flight crew, in consultation with port authorities, CBP, and CDC.
3. Develop internal emergency response and recovery programs.
4. Coordinate response and recovery efforts with airport management.
5. Provide passenger assistance and comfort.
6. Provide public information.
7. Develop roster of essential employees for after hours call out.
8. Plan, prepare, and exercise emergency response program individually and in coordination with airport operations.

Medical Response

1. CDC HQS will assume Command and Control of incident.
2. Establish isolation and quarantine area.
 - a. Quarantine of the entire aircraft.
 - b. Isolation of the suspected SARS or contagious disease case.
3. Coordinate transport to area hospitals.
4. Coordinate psychological treatment and assistance programs for victims and rescue personnel.
5. Direct, monitor and control decontamination.

Administration and Logistics

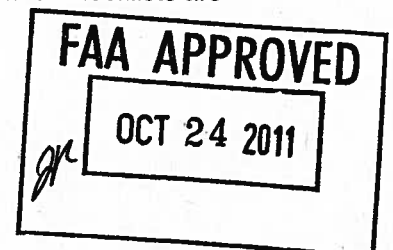
Reports of/and record retention. Individuals and organizations participating in SARS or other contagious disease emergency operations are encouraged to maintain and file reports designed to document and identify events and findings during the emergency consolidation of available information will be undertaken during the post event evaluation by appropriate and authorized investigative agencies. Reports should be limited to actual experiences and observations and refrain from conjecture or speculation on the incident, its events or potential cause(s). State Airports Division, Oahu District, reports will be consolidated at the Office of the Airport Manager.

Established contingency response procedures adopted by the respective air carrier, Federal, State and City governments, security and law enforcement agencies will be observed.

The Departmental Staff Manual will be used in conjunction with the Airport Emergency Plan and other necessary reporting/procurement guidelines as outlined by the specific agencies involved.

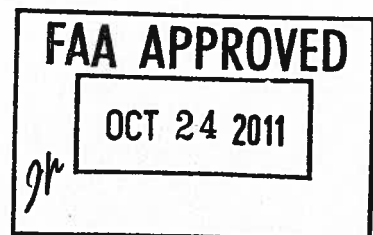
Plan Development

The Airport Manager or designee is responsible for coordinating revisions of the SARS and Contagious Disease Section, in keeping its attachments current and ensuring that SOPs and Checklists are developed and maintained.



SOPs and Checklist

The functional SOPs can be found in the DOT Airports Departmental Staff Manual and the Airports Division Procedures which can be found in via State of Hawaii computer's Lotus note, or a hard copy in the office of the Airport Manager or Airport Duty Manager.



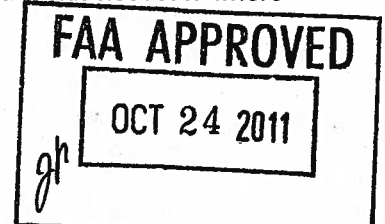
Severe Acute Respiratory Syndrome (SARS) and Contagious Disease

Before the Emergency (Preparedness)

- ☐ Review laws, rules and regulations as they pertain to contagious disease situations
- ☐ Develop MOUs with mutual aid agencies as needed.
- ☐ Keep regular inventory lists of all first aid supplies and locations, insuring they are restocked as needed.
- ☐ Meet with local emergency management agencies and airport tenants to coordinate actions during an event.
- ☐ Prepare an initial response point-of-contact listing for the CDC HQS, Airport Medical Unit, Airport Rescue & Firefighting (ARFF), affected airlines and Customs & Border Protection (CBP).
- ☐ Insure Aircraft Rescue and Firefighting, Airport Duty Manager and Airport Medical are familiar with SARS or other contagious disease response procedures.
- ☐ CDC HQS will meet arriving International and domestic flights to evaluate and assess the situation, and distribute health alert notices.
- ☐ After duty hours and on weekends the CDC HQS may respond to illnesses via telephone.
- ☐ The airlines will provide specific information regarding the ill passenger(s).
- ☐ CDC will verify that the airlines have contacted CBP and Airport Medical.
- ☐ Airport Medical can board the plane and release the ill passenger(s) for further evaluation and/or treatment after consultation with CDC. If it is not a communicable disease, CDC will contact the airlines to release the plane.

During the Emergency (Response)

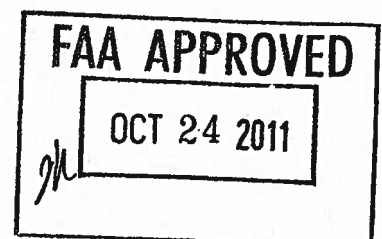
- ☐ The patient symptoms:
 - a. has a measured temperature of 100.4°F (38°C),
 - b. cough, shortness of breath, difficulty breathing, or hypoxia (lack of oxygen),
 - c. travel within 10 days of onset of symptoms to an area with documented or suspected community transmission of SARS
 - d. close contact within 10 days of onset of symptoms with either a person with a respiratory illness who have traveled to a SARS area or a person known to be a suspect SARS case;
 - e. patient has a temperature of 100°F (38°C) or greater, accompanied by one or more of the following; rash, jaundice, glandular swelling, or which has persisted for 2 days or more
 - f. diarrhea severe enough to interfere with normal activity or work (3 or more loose stools within 24 hours or a greater than normal number of loose stools).
- ☐ The Airport Duty Manager will contact the CDC HQS for guidance while simultaneously assigning the aircraft to Gate 34.
- ☐ Gate 33 will be left open as an ante gate buffer.
- ☐ If necessary, establish a "hot zone" (effected area) as well as a decontamination zone.
- ☐ Airport Duty Manager will insure that Ramp Control activates the Secondary Crash Net to notify all concerned agencies.
- ☐ Airport Duty Manager will activate emergency personnel response notification through Ramp Control.
- ☐ Unless the CDC HQS give permission, no one will be allowed to deplane or board the aircraft.
- ☐ If a medical emergency (heart attack etc.) occurs the Airport Medical Unit will respond.
- ☐ Only essential response crews will be permitted to prevent the loss of life or immediate expansion of the problem should be undertaken.
- ☐ CDC HQS and the State Department of Health will initiate tracking documentation.
- ☐ Sick passenger(s) or aircrew should be taken directly from the aircraft by the exit closest to where they are seated, and avoid passing through the airport.



- ☐ Sick passenger(s) or aircrew will be transported to a hospital for evaluation and treatment.
- ☐ Emergency vehicle (ambulance) will have access through Access Gate "A", Diamond Head Service Court.
- ☐ When transmitting over the radio of a possible SARS case the term "Code Yellow" will be used to prevent panic by the passengers.
- ☐ All first responders will wear latex gloves and an N-95 respirator.
- ☐ HANDWASHING after contact with the patient and/or any materials the patient may have contacted.

After the Emergency (Recovery)

- ☐ CDC HQS or the State Department of Health will coordinate decontamination and isolation of victims.
- ☐ Ill passenger or aircrew should be isolated and assessed as quickly as possible by a CDC HQS or State Health Department physician.
- ☐ All first responders shall shower immediately after a case of suspected SARS. Clothing shall be red tagged and sent out for cleaning.
- ☐ Safety issues.
- ☐ Sanitary issues.
- ☐ Public information announcements.
- ☐ Supply inventory and restoration.
- ☐ Documentation of actions taken.
- ☐ Personnel utilization by time on duty.
- ☐ Critical incident stress debriefing requirements.
- ☐ Conduct after action conference
- ☐ Create improvement plan.
- ☐ Follow action items to completion.



Emergency Medical Services Biodefense

**Alan D Tice, MD, FACP
Infection Control Officer
Cell phone 341-2020**

**373-3488 or 524-2575
alantice@idlinks.com**

Emergency Services the Front Line

- A risky business
- An opportunity to help
- An opportunity to learn
- An opportunity to teach
- Be prepared

Alan Tice, MD

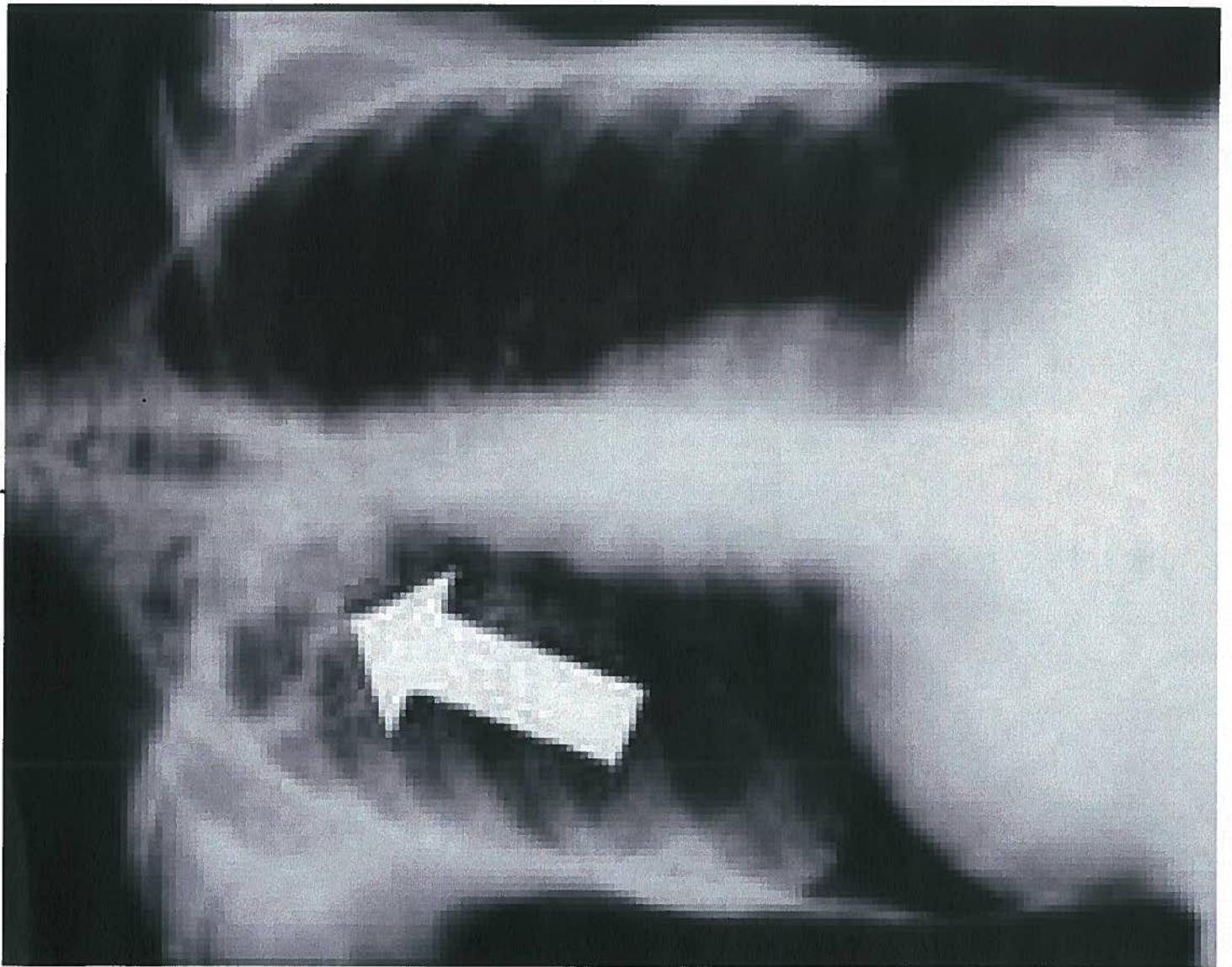
- Internal Medicine and Infectious Diseases
- Work-related infectious diseases control
- Available 24/7
 - Cell phone 341-2020 – 15 minute response
 - Answering service 524-2575
 - Backup Russell Wong, MD
- My role
 - Investigation of exposure
 - Prompt intervention if needed
 - Confidentiality for exposed

Airborne Pathogens

- Tuberculosis
- Influenza A and B
- *Neisseria meningitidis*
- Avian Influenza
- Varicella (chicken pox)
- Pertussis (whooping cough)
- SARS
- Common “cold” viruses

Tuberculosis

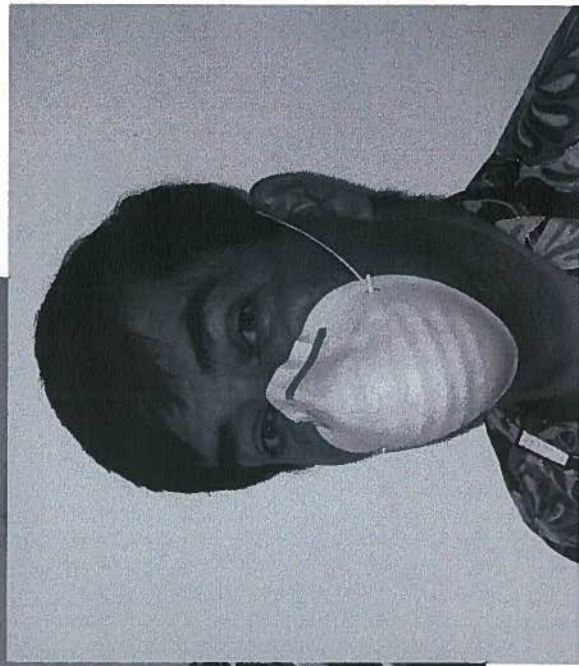
- Airborne spread from lungs
- In confined space for 15 minutes
- Largely immigrants and elderly
- Mask patient if possible
- N-95 mask for you if risk
- Skin tests annually
- If exposed, skin test now and 8-10 weeks
- Isoniazid if positive skin test







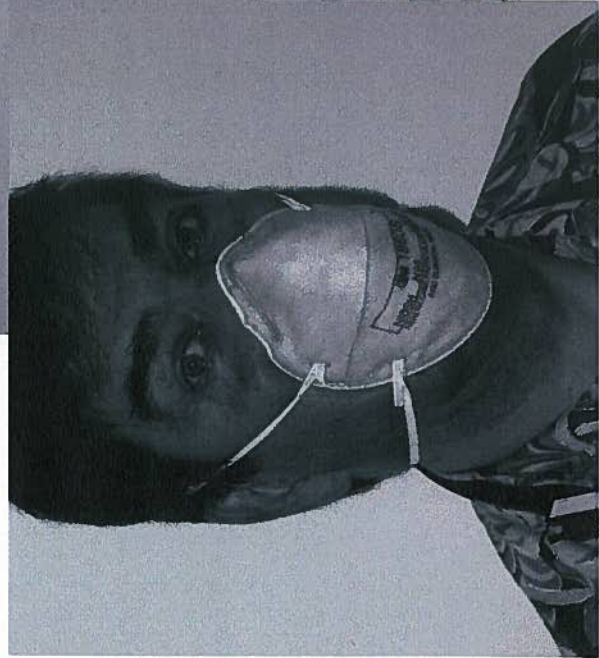
Standard



Face Shield

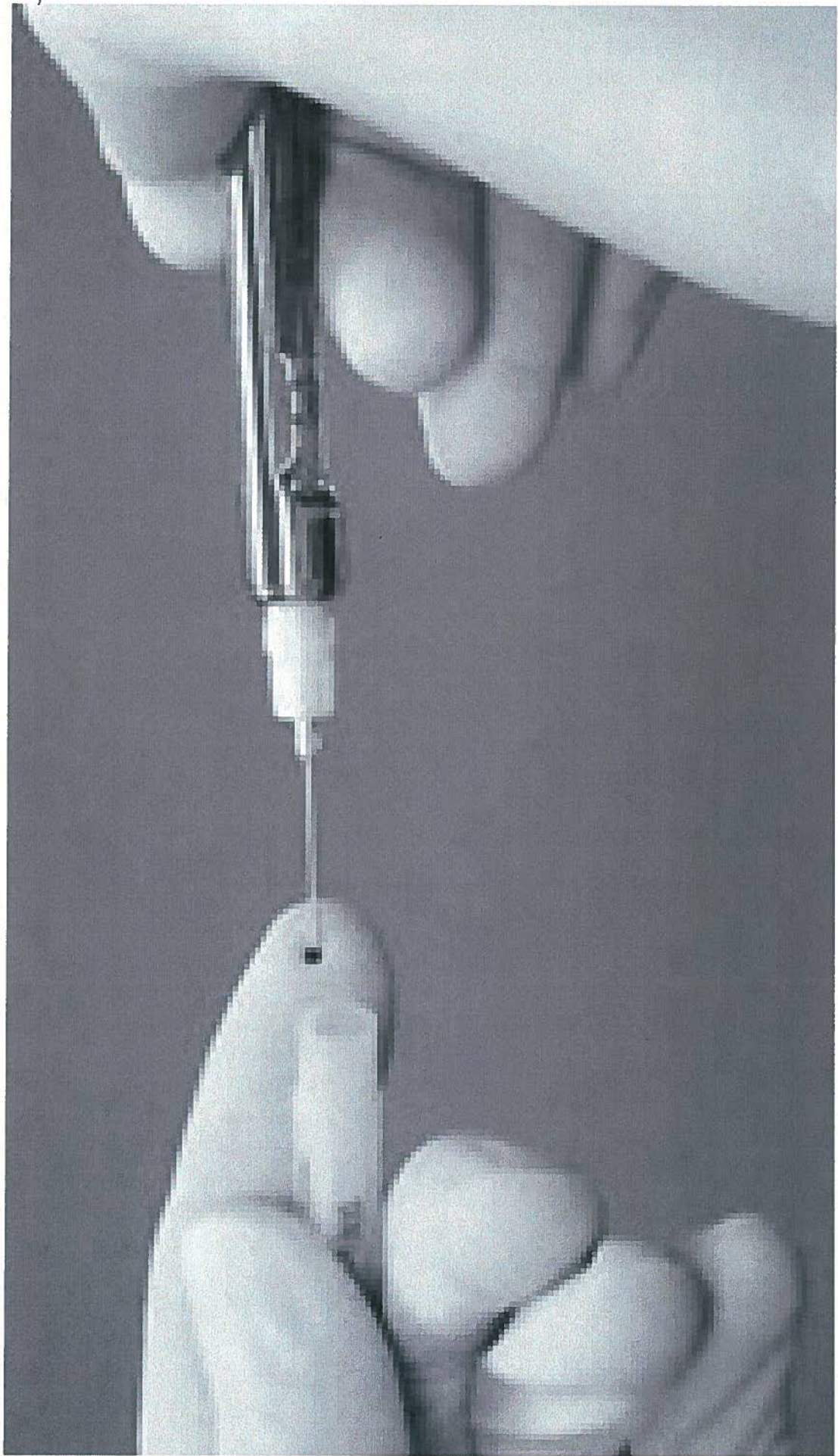


N-95



Respiratory Protection

- Assure adequate ventilation in ambulance
- Masks for patient and/or personnel
 - “surgical” vs. N-95
 - Other
- Wash hands – soap/water or alcohol-based hand gel
- Clean contaminated equipment
- Get vaccinated for influenza



Blood borne Pathogen Risks

<u>Virus</u>	<u>Risk with stick</u>	<u>Americans infected</u>
HBV	6-30%	1 in 200
HCV	1.8%	1 in 50
HIV	0.3%	1 in 200

Puncture Wounds

- Three considerations with exposure:
 - Donor (IDU, indigent, chronic disease, gay, mental illness, meds)
 - Injury (vehicle, volume, depth, age, location)
 - Host (immune depressed, infected already?)
- Prompt evaluation and therapy
 - Within 2 hours for HIV
- Follow-up:
 - See doctor if needed
 - Baseline HBV, HIV, HCV
 - Follow labs at 1, 3, 6 months

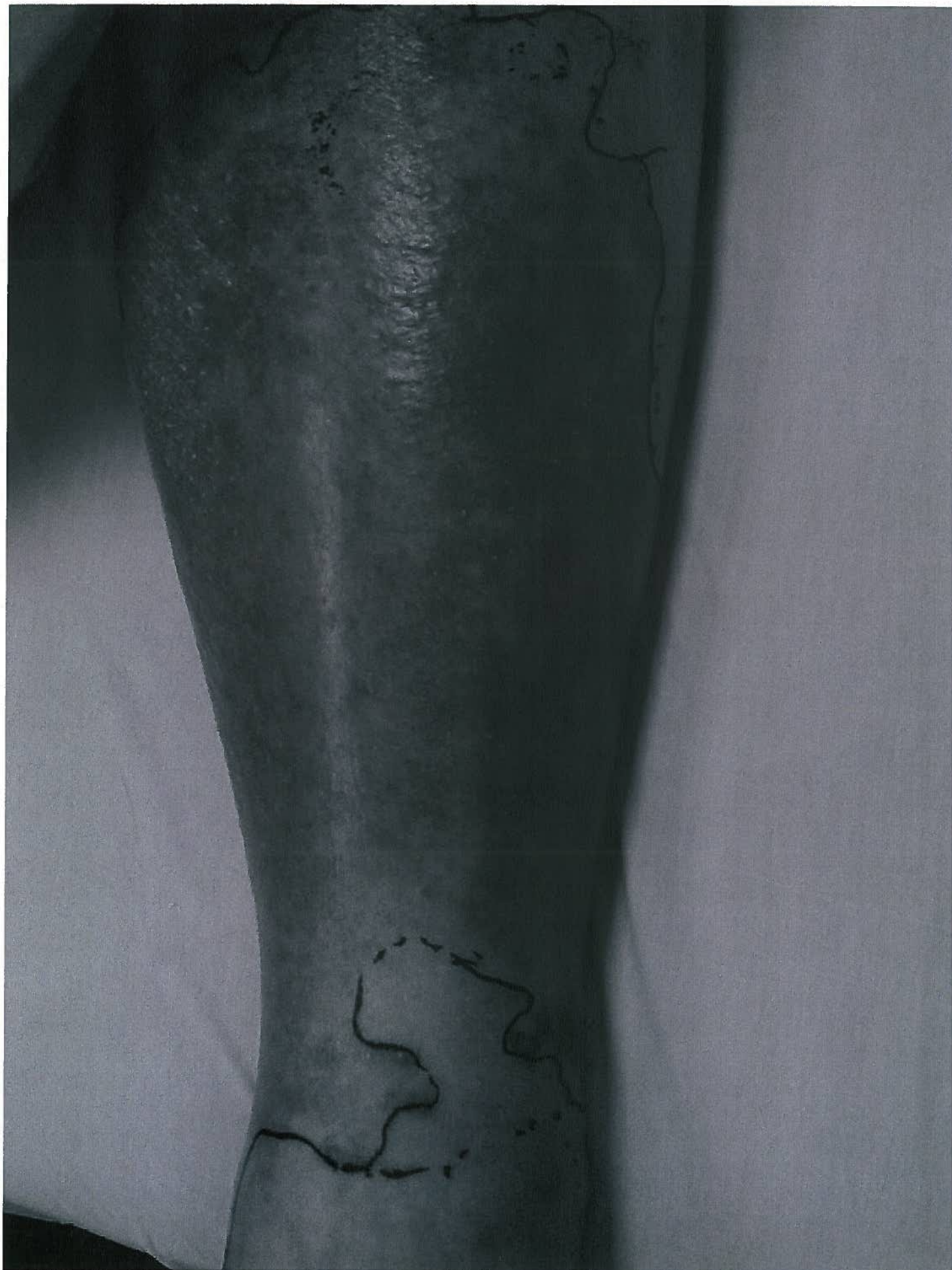
Risk factors for viruses

- HIV – Drug abuse, gay men
- Hepatitis B – immigrants, drug abuse
- Hepatitis C – drug abuse
- Always ask about medical problems
- Always ask about meds – collect if possible



Wound Pathogens

- *Staphylococcus aureus*
 - Methicillin-susceptible *Staph aureus* (MSSA)
 - MRSA (more than half of ED wounds)
 - Hospital-acquired
 - Community-acquired
- Streptococci – necrotizing fasciitis
- Other - GNR, anaerobes, fungi, etc







Wound Care and Contamination

- Note rubor, calor, tumor, dolor, odor
- Gloves
- Wash with saline – possibly povidone-iodine or surgical scrub
- Dressings – clean or sterile
- Wash hands
- Clean equipment – water, alcohol, soap, 1/10 bleach



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1 GAL PLASTIC BOTTLES

6-1 GAL. PL

PLASTIC BOTTLES

6-1 GAL.

PLASTIC BOTTLES

DO NOT CUT BELOW NOTED LINE

Influenza - Human

- Influenza A
 - Takes 20 – 30,000 lives in U S per year
 - Hawaii at risk year around
- Influenza B
- Rapid diagnostic tests available
- Vaccine
 - 2 A's and a B

Reason for Vaccines

- Protect yourself
- Protect those you care for
- Protect your family
- Avoid time off work
 - Health care workers essential
 - Job security and income
- Save money for City and County

Bioterrorism Agents

- Smallpox
- Anthrax
- Other

Avian Influenza

- Epidemic among chickens and migratory birds
- Rare spread to people and even less spread from person to person
 - Approximately 100 deaths – children, suspect immune deficiency
- Started in Asia, spreading throughout world
 - Now in Africa and Europe – will come to Americas
- Possible benefit from oseltamivir (Tamiflu), amantidine - being stockpiled
- Vaccine under development
- Infection control essential (stopped SARS)

Bioterrorist Agents

- Must identify early
- Isolate promptly
- Quarantine
- Practicing physicians and staff the best tool

Your Role

- Call me as soon as time allows 341-2020
- Your contact numbers and those of others exposed for next 48 hours
- Assessment of exposure
- Contact numbers regarding exposure
 - Patient name with date of birth
 - Address
 - Where taken?
- Fax report form if needed – 585-0206

Costs of care

- Drugs – pay for and bring invoice in for reimbursement
- Labs – I will order for you

Alan Tice, MD

Infection Control officer

- Available 24/7
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 - Answer questions and see you if needed
 - Coordinate with your doctor as needed

Emergency Medical Services Biodefense

**Alan D Tice, MD, FACP
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**REPORT OF OCCUPATIONAL EXPOSURE TO POSSIBLE INFECTIOUS
DISEASE**

State of Hawaii Airports Division
Aircraft Rescue Fire Fighting Unit

A) Notify your superior

B) Gather information on source individual

Name

Date of Birth

Reasons for concern

Medications taking

C) Call Alan Tice, M.D. (Designated Officer for Infection Control)

**Cell phone: 808-341-2020. If no answer within 15 minutes, repeat call to
341-2020**

**If no answer, call Physicians Exchange at 808-524-2575 (Dr. Russell Wong may
be on call).**

**D) Please be prepared to provide Dr. Tice with your work, cellular, and home phone
numbers so that he may be able to access you for the next 72 hours. You may
call Dr. Tice for any questions or concerns you or your family may have about
this exposure**

**Note that any personal information collected from you by Dr. Tice will be held in
confidence and not shared with your employer unless you choose.**

Report of Occupational Exposure to Infectious Disease
State of Hawaii, Airports Division
Aircraft Rescue Fire Fighting Units

Report # _____

Date Reported _____

Person Reporting _____ Work _____ Cell _____

Exposed	Cell	Home	Contacted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Exposure (check all that apply; if other please describe)

Blood ☐ Respiratory secretions ☐ Wound drainage ☐ Other ☐ _____

Infection of Concern

HIV HCV HBV TB Influenza Other _____

Source Patient

Name _____ Sex F M DOB _____

Taken To _____

Lab Results _____

Description of Event

Intervention

How could this exposure have been prevented?

Alan Tice, M.D., FACP
Designated Officer for Infection Control
Cell Phone: 808-341-2020
Answering Service: 808-525-2575
Office: 808-538-2881